

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY
☐ FEPA
☒ EEOC

CHARGE NUMBER
120980900

MD. Commission on Human Relations and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Mrs. Kathy C. Koch

HOME TELEPHONE (Include Area Code)

(301) 596-1011

STREET ADDRESS

CITY, STATE AND ZIP CODE

6172 Devon Drive, Columbia, MD 21044

DATE OF BIRTH

04/18/47

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

L A Weight Loss Centers

Cat D (501 +)

(215) 328-9250

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

255 Business Center Drive, Suite 150, Horsham, PA 19044

091

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST

10/24/97 03/12/98

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998).

II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge.

III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.

RECEIVED
BALTO. DIST. OFFICE
EEOC

1998 JUN -8 A 10:13

EXHIBIT

D

☐ I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

Date Charging Party (Signature)